Nevertheless, trying to limit kids' access to tobacco seems a worthy goal.

But the real reason David Kessler calls smoking a "pediatric disease" is that he objects to adults making a decision he thinks is foolish. This attitude dates back centuries, to King James I's 1603 cry that tobacco is "in the blacke stinking fume . . . neerest resembling the horrible Stygian smoke of the pit that is bottomless". To timeworn hostility is now added scientific principle, in the argument that, since tobacco is addictive, smokers must be rescued from a pharmacological slavery.

But this view of addiction is simplistic. As Sullum notes, "addiction is a pattern of behavior, not a chemical reaction." Certainly, for many people, to stop smoking—or to stop using heroin or alcohol—is difficult. Calling these people slaves to the substance, however, ignores the large element of human choice. Most smokers who try to give up the habit but relapse do so because, on some level, they enjoy it, even while understanding the consequences. As David Carr, editor of Washington's *City Paper*, once told me, "I would do anything to be an ex-smoker, except quit."

The stakes of this debate would be much lower if the only question was how high tobacco taxes ought to be. But if the FDA gets control over tobacco—as it seems certain to—the agency could well ban cigarettes entirely or order such low nicotine levels that the country's 50 million smokers could be driven to the black market to satisfy their cravings. Kessler himself has said that "a strict application" of FDA rules could lead to a ban, and such a move has historical precedent. (Massachusetts banned the sale of tobacco in the 1630s, and 14 states outlawed tobacco between 1893 and 1909.)

It's ironic that Philip Morris, a generous contributor to drug-war propaganda via the Partnership for a Drug Free America, now finds itself the victim of the same absolutism that motivates policy on illegal drugs. Practical considerations—namely, the millions of smokers—may keep cigarettes legal, but this is hardly a certainty. At least 18.4 million Americans used marijuana in 1996, a drug never reliably blamed for even a single death but nevertheless subject to an increasingly strict prohibition. Americans who prefer unpopular intoxicants should always be wary.

JOSHUA WOLF SHENK

LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to Simon Chapman, deputy editor, at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

European smoke-free class competition

EDITOR,—In the school year 1997/1998, a school-based European smoking prevention project, the Smokefree Class Competition, started for the first time. Target groups for the competition were pupils aged 12–14 years. Research has shown that there is a strong positive correlation between the age of starting to experiment with cigarette smoking and the probability of becoming a regular smoker. In a study by Meier,[1] 60% of regular smokers started smoking by the age of 13. However the probability of becoming a smoker after adolescence is quite low.[2] Therefore the principal aims of the smokefree class competition are to delay or prevent the onset of smoking and the reduction or cessation of cigarette smoking in pupils who have already experimented with smoking.

In the 1997/1998 school year Denmark, Finland, France, Germany, Italy, Spain, and the United Kingdom took part in the competition. In the 1998/1999 school year Austria, Belgium, Greece, and The Netherlands will join in. The table shows an overview of the participating schools and classes in the school year 1997/1998.

Although the competition has some flexibility regarding the national rules so that details can be developed to suit the needs and circumstances of individual countries, the general rules are the same in each country: (a) the classes decide to be a non-smoking class for a duration of six months; (b) the classes themselves as well as the teachers monitor smoking status of the pupils and report on it regularly; (c) regular smoking is not accepted; and (d) if pupils experiment with smoking once, the class can still participate in the competition.

Classes in which pupils refrain from smoking for this period of time can participate in a national prize draw. The prizes vary in the different countries. For instance, in Germany 74 cash prizes will be given to the winning classes, worth about US$25 000. The money has to be spent on class activities. Moreover pupils can enter a European prize draw where they can win a trip to one of the other participating countries.

The idea for the Smokefree Class Competition arose in Finland, where it has been carried out annually since 1989/1990. The effectiveness of the competition was evaluated in Finland in a quasi-experimental control-group design with repeated measures in the school year 1991/1992.[3] The sample consisted of 97 randomly selected participating and non-participating classes in grade eight (14-year-olds). Smoking status was assessed anonymously using self-report before, one month after, and one year after the competition.

From pre-test to one month post-test, daily smoking increased by 2.3 percentage points among those pupils who participated in the competition until the end. In the control group smoking increased by 5.1 percentage points. Among pupils who decided to participate in the competition (participants and dropouts), daily smoking increased by 3.1 percentage points. The odds ratio (OR) between this group and the control group, tested by logistic regression analyses, was 1.55 (p = 0.0268) using smoking at pre-test as a covariate. From pre-test to the one year post-test, the increase in smoking was similar in both groups (OR = 1.25, p = 0.15).

Two-thirds of the classes dropped out of the competition because pupils started to smoke. Over the period evaluated, the best predictor of dropout was a high smoking rate at the beginning of the competition, which indicates that the programme is not appropriate for classes with a high number of regular smokers. This finding also suggests that many pupils told the truth when smoking status was assessed weekly.

Regarding the difference from pre-test to one month post-test, it is possible that student self-selection might explain these results, because classes from the whole country were invited to participate in the competition. Therefore the control group in this study was drawn from classes that had already decided not to take part in the competition beforehand.

An evaluation of the effectiveness of the competition will be carried out on a European level. In Germany a control-group study with repeated measurements will be carried out; because the competition will only be implemented in selected regions, classes and pupils in the other regions can serve as controls.

The programme is carried out in cooperation with the European Network on Young People and Tobacco and is financially supported by the "Europe against Cancer Programme" of the European Commission.

REINER HANEWINKEL
GUDRUN WIBORG
Institute for Therapy and Health Research, Düsternbrooker Weg 2, 24105 Kiel, Germany
hanewinkel@psychologie.uni-kiel.de

MERI PAAVOLA
ERKKI VARTIAINEN
National Public Health Institute, Department of Epidemiology and Health Promotion, Helsinki, Finland

1 Meier KS. Tobacco truths: the impact of role models on children's attitudes toward smoking. *Health Educ Q* 1991;**18**:173–82.
2 US Department of Health and Human Services. *Preventing tobacco use among young people. A report of the Surgeon General, 1994.* Atlanta, Georgia: Public Health Service, Centers for Disease Control and Prevention, Office on Smoking and Health, 1994. (US Government Printing Office No S/N 017-001-00491-0.)
3 Vartiainen E, Sukko A, Paavola M, *et al.* "No Smoking Class" competitions in Finland: their value in delaying the onset of smoking in adolescence. *Health Promotion Int* 1996;**11**:189–92.

Smoking among religious professionals in Turkey

EDITOR,—Because of the social status of religious professionals and their potential to influence Turkish society, we surveyed them in 1997 to determine their smoking rates. The names of all personnel working for the Mufti in Elazig province (population 510 000) were obtained, with all names being included in the study (n = 969). An anonymous, self-administered questionnaire was sent to them. Responses were received from 366 (98.9%) of the 370 provincial centre employees, and from 424 (70.8%) of the 599 employees working in